

**Policies and Procedures outline how the facility will meet the rule requirements.  
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**Policy and Procedure Worksheets**  
**ACTIVITY**

<b>Rule # 16.03.22</b>	<b>Rule Text</b>	<b>Rule Met</b>	<b>Rule Not Met</b>	<b>Rule N/A</b>
<b>151.</b>	<b>ACTIVITY POLICIES</b>			
01.	Policy and Plan. Each facility must develop a written activity policy that assists, encourages and promotes residents to maintain and develop their highest potential for independent living through their participation in planned recreational and other activities.			
02.	Activity Opportunities. The policy must include opportunities from the following activities:			
a.	Socialization through group discussion, conversation, recreation, visiting, arts and crafts, music;			
b.	Daily living activities to foster and maintain independent functioning;			
c.	Physical activities such as games, sports, and exercises which develop and maintain strength, coordination, and range of motion;			
d.	Education through special classes or activities; and			
e.	Leisure time so residents may engage in activities of their own choosing.			
03.	Community Resources for Activities. The facility will utilize community resources to promote resident participation in integrated activities of their choice both in and away from the facility.			

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### Policy and Procedure Worksheets

#### ADMISSION

Rule # 16.03.22	Rule Text	Rule Met	Rule Not Met	Rule N/A
<b>152</b>	<b>ADMISSION POLICIES</b>			
01.	<b>Admissions.</b> Each facility must develop written admission policies and procedures. The written admission policy must include;			
a.	The purpose, quantity and characteristics of available services;			
b.	Any restrictions or conditions imposed because of religious or philosophical reasons.			
c.	Limitations concerning delivery of routine personal care by persons of the opposite gender.			
d.	Notification to residents living in the facility of any residents who are on the sexual offender registry and who live in the facility.			
e.	Appropriateness of placement to meet the needs of the resident, when there are non resident adults or children residing in the facility.			
02.	<b>Fee Description.</b> A written description of how fees will be handled by the facility.			
03.	<b>Resident Funds Policies.</b> When a resident's funds are deposited with the facility or administrator, the facility must manage the residents' funds as provided in Sections 39-3316 (1), (5) & (6), Idaho Code, and Section 505 and Subsections 550.05 and 550.06 of these rules. Each facility must develop written policies and procedures outlining how residents' funds will be handled.			
a.	A statement if the facility does not manage resident funds.			
b.	If the facility manages resident funds, how funds are handled and safeguarded.			
04.	<b>Resident Admission, Discharge, and Transfer.</b> The facility must have policies addressing admission, discharge, and transfer of residents to, from, or within the facility.			
05.	<b>Policies of Acceptable Admissions.</b> Written descriptions of the conditions for admitting residents to the facility must include:			
a.	A resident will be admitted or retained only when the facility has the capability, capacity, and services to provide appropriate care, or the resident does not require a type of service for which the facility is not licensed to provide or which the facility does not provide or arrange for, or if the facility does not have the personnel, appropriate in numbers and with appropriate knowledge and skills to provide such services;			
b.	No resident will be admitted or retained who requires ongoing skilled nursing or care not within the legally licensed authority of the facility. Such residents include:			
i.	A resident who has a gastrostomy tube, arterial-venous (AV) shunts, or supra-pubic catheter inserted within the previous twenty-one (21) days;			
ii.	A resident who is receiving continuous total parenteral nutrition (TPN) or intravenous (IV) therapy;			

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iii.	A resident who requires physical restraints, including bed rails, an exception is a chair with locking wheels or chair in which the resident can not get out of			
iv.	A resident who is comatose, except for a resident who has been assessed by a physician or authorized provider who has determined that death is likely to occur within fourteen (14) to thirty (30) days;			
v.	A resident who is on a mechanically supported breathing system, except for residents who use CPAP, (continuous positive airway pressure);			
vi.	A resident who has a tracheotomy who is unable to care for the tracheotomy independently;			
vii.	A resident who is fed by a syringe;			
viii.	A resident with open, draining wounds for which the drainage cannot be contained;			
ix.	A resident with a Stage III or IV pressure ulcer;			
x.	A resident with any type of pressure ulcer or open wound that is not improving bi-weekly;			
xi.	A resident who has MRSA (methicillin-resistant staphylococcus aureus) in an active stage (infective stage).			
c.	For any resident who has needs requiring a nurse, the facility must assure a licensed nurse is available to meet the needs of the resident.			
d.	A resident will not be admitted or retained who has physical, emotional, or social needs that are not compatible with the other residents in the facility;			
e.	A resident that is violent or a danger to himself or others;			
f.	Any resident requiring assistance in ambulation must reside on the first story unless the facility complies with Sections 401 through 404 of these rules (fire extinguishing system);			
g.	Residents who are not capable of self evacuation must not be admitted or retained by a facility which does not comply with the NFPA Standard #101, "Life Safety Code, 2000 Edition, Chapter 33, Existing Residential Board and Care Impracticable Evacuation Capability" (fire extinguishing system);			

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**Policy and Procedure Worksheets**  
**ADDITIONAL POLICIES**

Rule # 16.03.22	Rule Text	Rule Met	Rule Not Met	Rule N/A
153	<b>ADDITIONAL POLICIES REQUIRED</b>			
01.	Response of Staff to Abuse, Neglect or Exploitation of Residents. The facility must develop policies and procedures to assure that allegations of abuse, neglect and exploitation are identified, reported, investigated, followed up with interventions to prevent reoccurrence and assure protection, and documented.			
02.	Response of Staff to Emergencies. How staff are to respond to emergency situations:			
a.	Medical and psychiatric emergencies;			
b.	Resident absence;			
c.	Criminal situations; and			
d.	Presence of law enforcement officials at the facility.			
03.	Notification of Changes to Resident Health or Mental Status. Who and how staff are to notify of any changes in residents' health or mental status.			
04.	Provided Care and Services by Staff. How staff are to provide care and services to residents in the following areas:			
a.	Activities of daily living;			
b.	Dietary and eating, including when a resident refuses to eat or follow a prescribed diet;			
c.	Dignity;			
d.	Assuring each individual's rights;			
e.	Medication assistance;			
f.	Provision of privacy;			
g.	Social activities;			
h.	Supervision;			
i.	Supporting resident independence; and			
j.	Telephone access.			
05.	Resident Property Identified and Safe. Identification of resident property and assuring that personal items are kept safe and used only by the resident.			
06.	Intervention Procedures to Assure Safety of Residents and Staff. How to intervene to assure resident and staff safety in unsafe situations-physical or behaviorally caused ( <i>Describe interventions staff are to use to keep residents safe. You can reference facility policies and procedures if they are specific for resident safety</i> ).			
07.	Behavior Management for Residents. The facility must have policies and procedures to assure timely assessment, plan development which implements the least restrictive intervention to address the behavior and document the effect of interventions.			
08.	Staff Procedures for Accidents, Incidents, and Complaints. The facility must develop policies and procedures to assure that accidents and incidents are identified, reported, investigated, and followed up with interventions to prevent reoccurrence and assure protection, and documented.			

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09.	Facility Operations, Inspections, Maintenance, and Testing. Plans and procedures for the operation, periodic inspection, and testing of the physical plant, which includes utilities, fire safety and plant maintenance for all areas of the facility's campus.			
10.	Hazardous Materials. Policies and procedures for handling of hazardous materials.			
11.	Mechanical Equipment. Policies and procedures for handling potentially dangerous mechanical equipment.			

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**EMERGENCY PREPAREDNESS**

Rule # 16.03.22	Rule Text	Rule Met	Rule Not Met	Rule N/A
<b>154</b>	<b>EMERGENCY PREPAREDNESS POLICIES</b>			
01.	Emergency Preparedness Plan. Each facility must develop and implement an emergency preparedness plan to follow in the event of fire, explosion, flood, earthquake, high wind, or other emergency.			
02.	Written Procedures. The facility must have written procedures outlining steps to be taken in the event of an emergency including:			
a.	Who is to respond;			
b.	Each person's responsibilities;			
c.	Where and how residents are to be evacuated; and			
d.	Notification of emergency agencies.			

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**Policy and Procedure Worksheets**  
**HOURLY ADULT CARE**

<b>Rule # 16.03.22</b>	<b>Rule Text</b>	<b>Rule Met</b>	<b>Rule Not Met</b>	<b>Rule N/A</b>
<b>155</b>	<b>HOURLY ADULT CARE POLICIES</b>			
01.	Services Offered for Hourly Adult Care. Facilities offering hourly adult care must develop written policies and procedures which include a description of services offered, including: transportation services if offered, meals, activities, and supervision.			
02.	Acceptable Hourly Care Individuals. Types of individuals who may or may not be accepted for hourly care.			
03.	Cost of Program. Cost of program to individual.			
04.	Health and Other Individual Needs. Health and other pertinent information regarding the individual's needs.			
05.	Emergency Information. Emergency telephone numbers of family members and physician or authorized provider, and other identification information.			
06.	Hours for Care. Time periods of program not to exceed fourteen (14) consecutive hours in a twenty-four (24) hour period.			

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**INFECTION CONTROL**

<b>Rule #</b> <b>16.03.22</b>	<b>Rule Text</b>	<b>Rule Met</b>	<b>Rule Not Met</b>	<b>Rule N/A</b>
<b>156</b>	<b>INFECTION CONTROL POLICIES.</b> Each facility must develop policies and procedures consistent with recognized standards which control and prevent infections for both staff and residents.			
<b>335</b>	<b>REQUIREMENTS FOR INFECTION CONTROL.</b> The administrator is responsible for assuring that infection control policy and procedure are implemented.			
01.	Staff must implement facility policy and procedure.			
02.	Staff with an infectious disease must not work until the infectious stage is corrected or must be reassigned to a work area where contact with others is not expected and likelihood of transmission of infection is absent.			
03.	Universal Precautions must be used in the care of residents to prevent transmission of infectious disease according to the Centers for Disease Control and Prevention (CDC) guidelines. These guidelines may be accessed on the CDC website <a href="http://www.cdc.gov/ncidod/dhqp/bp_universal_precautions.html">http://www.cdc.gov/ncidod/dhqp/bp_universal_precautions.html</a> .  (Additionally, the CDC has developed a web site regarding hand hygiene at <a href="http://www.cdc.gov/handhygiene/">http://www.cdc.gov/handhygiene/</a> )			
04.	The name of any resident or facility personnel with a reportable disease listed in IDAPA 16.02.10, "Idaho Reportable Diseases," will be reported immediately to the local Health District authority and appropriate infection control procedures must be immediately implemented as directed by that local health authority.			



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### Policy and Procedure Worksheets

#### MEDICATION

Rule # 16.03.22	Rule Text	Rule Met	Rule Not Met	Rule N/A
<b>157</b>	<b>MEDICATION POLICIES</b>			
01.	Medication. Each facility must develop written medication policies and procedures that detail the following:			
a.	Receiving of medications;			
b.	Storage of medications;			
c.	Medication distribution system to be used;			
d.	How staff are to respond if:			
i.	A resident refuses a medication;			
ii.	A resident misses a medication and the reason;			
iii.	A resident medication is not available;			
iv.	Medications are missing;			
v.	A resident receives an incorrect medication;			
e.	The process for determining who can self-administer medication;			
f.	Unused medications:			
i.	Destruction;			
ii.	Return of medications to the pharmacy;			
g.	Documentation requirements:			
i.	Taken;			
ii.	Refused;			
iii.	Missed;			
iv.	Not available;			
v.	For residents self-medicating.			
02.	Nurse Delegation. The process the nurse will use to delegate assistance with medication and how it will be documented ( <i>The facility and the facility Registered Nurse are to develop this policy to ensure the needs of the facility are met and that the policy complies with the Board of Nursing Rules</i> ).			
<b>310</b>	<b>REQUIREMENTS FOR MEDICATION</b>			
01.	Medication Distribution System. Each facility must use medi-sets or blister packs. The facility may use multi-dose medication distribution systems that are provided for resident's receiving medications from the Veterans Administration or Railroad benefits. The medication system must be filled by a pharmacist and appropriately labeled in accordance with pharmacy standards and physician or authorized provider instructions. A licensed nurse may fill medi-sets, blister packs, or other Licensing and Survey Agency approved system as provided in Section 39-3326, Idaho Code and Section 157 of these rules.			
a.	All medications will be kept in a locked area such as a locked box or room;			
b.	Poisons, toxic chemicals, and cleaning agents will be stored in separate locked areas apart from medications, such as a locked medication cart, locked box or room;			

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c.	Biologicals and other medications requiring cold storage will be refrigerated. A covered container in a home refrigerator will be considered to be satisfactory storage if the temperature is maintained at thirty-eight to forty-five degrees (38-45°F) Fahrenheit. The temperature will be monitored and documented on a daily basis;			
d.	<p>Assistance with medication must comply with the Board of Nursing requirements (IDAPA 23.01.01.490.05);</p> <p><b>IDAPA 23.01.01.490.05. Assistance With Medications.</b> Where permitted by law, after completion of a Board-approved training program, unlicensed assistive personnel in care settings may assist patients who cannot independently self-administer medications, provided that:</p> <p>A plan of care has been developed by a licensed professional nurse. <i>(A registered nurse shall prepare the section for assistance with medications of the negotiated service agreement)</i> ; and</p> <p>The act has been delegated by a licensed nurse; and</p> <p>Written and oral instructions have been given to the unlicensed assistive personnel by a licensed nurse concerning the reason(s) for the medication, the dosage, expected effects, adverse reactions or side effects, and action to take in an emergency; and</p> <p>The medication is in the original pharmacy-dispensed container with proper label and directions or in an original over-the-counter container or the medication has been removed from the original container and placed in a unit container by a licensed nurse. Proper measuring devices must be available for liquid medication that is poured from a pharmacy-dispensed container. Inventories of narcotic medications must be maintained; and</p> <p>Any medication dosages not taken and the reasons thereof are recorded and reported to appropriate supervisory persons; and</p> <p>Assistance with medication may include: breaking a scored tablet, crushing a tablet, instilling eye, ear or nose drops, giving medication through a pre-mixed nebulizer inhaler or gastric (non nasogastric) tube, assisting with oral or topical medications and insertion of suppositories.</p>			
e.	Each medication must be given to the resident directly from the medi-set, blister pack or medication container; and			

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f.	Each resident must be observed taking the medication.			
02	Unused Medication. Unused, discontinued, or outdated medications cannot accumulate at the facility for longer than thirty (30) days. The unused medication must be disposed of in a manner that assures it cannot be retrieved. The facility may enter into agreement with a pharmacy to return unused, unopened medications to the pharmacy for proper disposition and credit. See IDAPA 16.03.09, "Rules Governing the Medicaid Assistance Program," Section 817, and IDAPA 27.01.01, "Rules of the Idaho Board of Pharmacy". A written record of all drug disposals must be maintained in the facility and include:			
a.	A description of the drug, including the amount;			
b.	Name of resident for prescription medication;			
c.	The reason for disposal;			
d.	The method of disposal;			
e.	The date of disposal; and			
f.	Signatures of responsible facility personnel and witness.			
03	Controlled Substances. The facility must track all controlled substances entering the facility in accordance with Title 37, Chapter 27, Idaho Code, and IDAPA 27.01.01, "Rules of the Idaho Board of Pharmacy," Section 495, and IDAPA 23.01.01, "Rules of the Idaho Board of Nursing Rules," Section 490.			
04	Psychotropic or Behavior Modifying Medication.			
a.	Psychotropic or behavior modifying medication intervention must not be the first resort to address behaviors. The facility must attempt non-drug interventions to assist and redirect the resident's behavior.			
b.	Psychotropic or behavior modifying medications must be prescribed by a physician or authorized provider.			
c.	The facility will monitor the resident to determine continued need for the medication based on the resident's demonstrated behaviors.			
d.	The facility will monitor the resident for any side effects that could impact the resident's health and safety.			
e.	The use of psychotropic or behavior modifying medications must be reviewed by the physician or authorized provider at least every six (6) months. The facility must provide behavior updates to the physician or authorized provider to help facilitate an informed decision on the continuing use of the psychotropic or behavior modifying medication.			

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#### **FOOD AND NUTRITIONAL CARE**

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<b>158</b>	Each facility must develop written policies and procedures for providing proper nutritional care for each resident which includes procedures to follow if the resident refuses food or to follow the prescribed diet.			

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**RECORDS**

<b>Rule # 16.03.22</b>	<b>Rule Text</b>	<b>Rule Met</b>	<b>Rule Not Met</b>	<b>Rule N/A</b>
<b>159</b>	<b>RECORDS POLICIES</b>			
01.	Complete and Accurate Records. Each facility must develop written policies and procedures to assure complete, accurate, and authenticated records.			
02.	Electronic Records. Facilities that implement an electronic record or signature must have written policies in place to assure the following:			
a.	Proper security measures to protect the use of an electronic signature by anyone other than the person to which the electronic signature belongs;			
b.	The privacy and integrity of the record;			
c.	Includes which records will be maintained and signed electronically;			
d.	How an e-signature code is assigned and the code and associated staff identities are protected;			
e.	How passwords are assigned and the frequency for which they are changed;			
f.	Allows resident access to his records within one (1) business day of the request;			
g.	Allows immediate access to records by surveyors, and others who are authorized by law;			

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### **Policy and Procedure Worksheets** **RESIDENT RIGHTS**

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<b>160</b>	<b>RESIDENT RIGHTS POLICIES.</b> Each facility must develop written policies and procedures which assure that resident rights will be promoted and protected in the facility.			
<b>550</b>	<b>REQUIREMENTS FOR RESIDENTS' RIGHTS.</b> The administrator must assure that policies and procedures are implemented to assure that residents' rights are observed and protected:			
01.	The facility must maintain and keep current a record of the specific information on each resident. Upon request a resident must be provided access to information in his record.			
a.	A copy of the resident's current Negotiated Service Agreement and physician or authorized provider's order;			
b.	Written acknowledgement that the resident has received copies of the rights;			
c.	A record of all personal property and funds that the resident has entrusted to the facility, including copies of receipts for the property;			
d.	Information about any specific health problems of the resident that may be useful in a medical emergency;			
e.	The name, address, and telephone number of an individual identified by the resident who should be contacted in the event of an emergency or death of the resident;			
f.	Any other health-related, emergency, or pertinent information which the resident requests the facility to keep on record; and			
g.	The current admission agreement between the resident and the facility.			
02.	Privacy. Each resident must be assured the right to privacy with regard to accommodations, medical and other treatment, written and telephone communications, visits, and meetings of family and resident groups			
03.	Humane Care and Environment			
a.	Each resident has the right to humane care and a humane environment, including the following:			
i.	The right to a diet that is consistent with any religious or health-related restrictions;			
ii.	The right to refuse a restricted diet; and			
iii.	The right to a safe and sanitary living environment.			
b.	Each resident has the right to be treated with dignity and respect, including:			
i.	The right to be treated in a courteous manner by staff;			
ii.	The right to receive a response from the facility to any request of the resident within a reasonable time; and			

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	The right to be communicated with, orally or in writing, in a language they understand. If the resident's knowledge of English or the predominant language of the facility is inadequate for comprehension, a means to communicate in a language familiar to the resident must be available and implemented. There are many possible methods such as bilingual staff, electronic communication devices, family and friends to translate. The method implemented must assure the resident's right of confidentiality, if the resident desires.			
04.	Personal Possessions. Each resident has the right to:			
a.	Wear his own clothing;			
b.	Determine his own dress or hair style;			
c.	Retain and use his own personal property in his own living area so as to maintain individuality and personal dignity; and			
d.	Be provided a separate storage area in his own living area and at least one (1) locked cabinet or drawer for keeping personal property.			
05.	Personal Funds. Residents whose board and care is paid for by public assistance will retain, for their personal use, the difference between their total income and the applicable board and care allowance established by Department rules.			
a.	A facility must not require a resident to deposit his personal funds with the facility; and			
b.	Once the facility accepts the written authorization of the resident, it must hold, safeguard, and account for such personal funds under a system established and maintained by the facility in accordance with this paragraph.			
06.	Management of Personal Funds. Upon a facility's acceptance of written authorization of a resident, the facility must manage and account for the personal funds of the resident deposited with the facility as follows:			
a.	The facility must deposit any amount of a resident's personal funds in excess of five (5) times the personal needs allowance in an interest bearing account (or accounts) that is separate from any of the facility's operating accounts and credit all interest earned on such separate account to such account. The facility must maintain any other personal funds in a non-interest bearing account or petty cash fund;			
b.	The facility must assure a full and complete separate accounting of each resident's personal funds, maintain a written record of all financial transactions involving each resident's personal funds deposited with the facility, and afford the resident (or a legal representative of the resident) reasonable access to such record; and			

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c.	Upon the death of a resident with such an account, the facility must promptly convey the resident's personal funds (and a final accounting of such funds) to the individual administering the resident's estate. For clients of the Department, the remaining balance of funds must be refunded to the Department.			
07.	Access and Visitation Rights. Each facility must permit:			
a.	Immediate access to any resident by any representative of the Department, by the state ombudsman for the elderly or his designees, or by the resident's individual physician;			
b.	Immediate access to a resident, subject to the resident's right to deny or withdraw consent at any time, by immediate family or other relatives;			
c.	Immediate access to a resident, subject to reasonable restrictions and the resident's right to deny or withdraw consent at any time, by others who are visiting with the consent of the resident; and			
d.	Reasonable access to a resident by any entity or individual that provides health, social, legal, or other services to the resident, subject to the resident's right to deny or withdraw consent at any time.			
08.	Employment. Each resident must have the right to refuse to perform services for the facility except as contracted for by the resident and the administrator of the facility. If the resident is hired by the facility to perform services as an employee of the facility, the wage paid to the resident must be consistent with state and federal law.			
09.	Confidentiality. Each resident must have the right to confidentiality of personal and clinical records.			
10.	Freedom from Abuse, Neglect, and Restraints. Each resident must have the right to be free from physical, mental or sexual abuse, neglect, corporal punishment, involuntary seclusion, and any physical or chemical restraints.			
11.	Freedom of Religion. Each resident must have the right to practice the religion of his choice or to abstain from religious practice. Residents must also be free from the imposition of the religious practices of others.			
12.	Control and Receipt of Health-Related Services. Each resident must have the right to control his receipt of health related services, including:			
a.	The right to retain the services of his own personal physician, dentist, and other health care professionals;			
b.	The right to select the pharmacy or pharmacist of his choice so long as it meets the statute and rules governing residential care or assisted living and the policies and procedures of the residential care or assisted living facility;			



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c.	The right to confidentiality and privacy concerning his medical or dental condition and treatment; and			
d.	The right to refuse medical services based on informed decision making. Refusal of treatment does not relieve the facility of its obligations under this chapter.			
i.	The facility must document the resident and his legal guardian have been informed of the consequences of the refusal; and			
ii.	The facility must document that the resident's physician or authorized provider has been notified of the resident's refusal.			
13.	Grievances. Each resident must have the right to voice grievances with respect to treatment or care that is (or fails to be) furnished, without discrimination or reprisal for voicing the grievances and the right to prompt efforts by the facility to resolve grievances the resident may have, including those with respect to the behavior of other residents.			
14.	Participation in Resident and Family Groups. Each resident must have the right to organize and participate in resident groups in the facility and the right of the resident's family to meet in the facility with the families of other residents in the facility.			
15.	Participation in Other Activities. Each resident must have the right to participate in social, religious, and community activities that do not interfere with the rights of other residents in the facility.			
16.	Examination of Survey Results. Each resident must have the right to examine, upon reasonable request, the results of the most recent survey of the facility conducted by the Licensing and Survey Agency with respect to the facility and any plan of correction in effect with respect to the facility.			
17.	Access by Advocates and Representatives. A residential care or assisted living facility must permit advocates and representatives of community legal services programs, whose purposes include rendering assistance without charge to residents, to have access to the facility at reasonable times in order to:			
a.	Visit, talk with, and make personal, social, and legal services available to all residents;			
b.	Inform residents of their rights and entitlements, and their corresponding obligations, under state, federal and local laws by distribution of educational materials and discussion in groups and with individuals;			
c.	Assist residents in asserting their legal rights regarding claims for public assistance, medical assistance and social security benefits, and in all other matters in which residents are aggrieved, that may be provided individually, or in a group basis, and may include organizational activity, counseling and litigation;			

**Policies and Procedures outline how the facility will meet the rule requirements.  
The language of the requirement rule is included in these Policy and Procedure Checklists to guide you.**

### **Policy and Procedure Worksheets** **RESIDENT RIGHTS**

<b>Rule # 16.03.22</b>	<b>Rule Text</b>	<b>Rule Met</b>	<b>Rule Not Met</b>	<b>Rule N/A</b>
d.	Engage in all other methods of assisting, advising, and representing residents so as to extend to them the full enjoyment of their rights;			
e.	Communicate privately and without restrictions with any resident who consents to the communication; and			
f.	Observe all common areas of the facility.			
18.	Access by Protection and Advocacy System. A residential care or assisted living facility must permit advocates and representatives of the protection and advocacy system designated by the governor under 42 U.S.C. Section 15043 and 42 U.S.C. Section 10801 et seq., access to residents, facilities, and records in accordance with applicable federal statutes and regulations.			
19.	Access by the Long Term Care Ombudsman. A residential care or assisted living facility must permit advocates and representatives of the long term care ombudsman program pursuant to 42 U.S.C. Section 3058, Section 67 5009, Idaho Code, and IDAPA 15.01.03, "Rules Governing the Ombudsman for the Elderly Program," access to residents, facilities and records in accordance with applicable federal and state law, rules, and regulations.			
20.	Transfer or Discharge. Each resident must have the right to be transferred or discharged only for medical reasons, or for his welfare or that of other residents, or for nonpayment for his stay. In non-emergency conditions, the resident must be given at least thirty (30) calendar days notice of discharge. A resident has the right to appeal any involuntary discharge.			
21.	Citizenship Rights. Each resident has a right to be encouraged and assisted to exercise rights as a citizen, including the right to be informed and to vote.			
22.	Advanced Directives. Residents have the right to be informed, in writing, regarding the formulation of an advanced directive to include applicable State law, Section 39-4510, Idaho Code.			

**Policies and Procedures outline how the facility will meet the rule requirements.  
The language of the requirement rule is included in these Policy and Procedure Checklists to guide you.**

**Policy and Procedure Worksheets**  
**SMOKING**

<b>Rule # 16.03.22</b>	<b>Rule Text</b>	<b>Rule Met</b>	<b>Rule Not Met</b>	<b>Rule N/A</b>
<b>160</b>	<b>SMOKING POLICIES</b>			
01.	The facility must develop written rules governing smoking. These rules must be made known to all facility personnel, residents, and the visiting public.			
02.	Nothing in this section requires that smoking be permitted in a facility whose admission policies prohibit smoking.			
03.	The policy must include:			
a.	Prohibiting smoking in any area where flammable liquids, gases, or oxidizers are in use or stored;			
b.	Prohibiting smoking in bed by anyone;			
c.	Prohibiting unsupervised smoking by residents classified as not mentally or physically responsible, and residents affected by medication;			
d.	Prohibiting smoking in areas where combustible supplies or materials are stored; and			
e.	Designating areas where smoking is permitted.			

**Policies and Procedures** outline how the facility will meet the rule requirements.  
**The language of the requirement rule is included in these Policy and Procedure Checklists to guide you.**

### Policy and Procedure Worksheets

#### STAFFING

Rule # 16.03.22	Rule Text	Rule Met	Rule Not Met	Rule N/A
<b>162</b>	<b>STAFFING POLICIES.</b> The facility must develop written staffing policies and procedures based on the numbers of residents, resident needs, and configuration of the facility.			
<b>600</b>	<b>REQUIREMENTS FOR STAFFING STANDARDS</b>			
01.	For facilities licensed for fifteen (15) beds or less, there must be at least one (1), or more qualified and trained staff, immediately available, in the facility during resident sleeping hours. If any resident has been assessed as having night needs or is incapable of calling for assistance staff must be up and awake.			
02.	For facilities licensed for sixteen (16) beds or more, qualified and trained staff must be up and awake and immediately available, in the facility during resident sleeping hours.			
03.	Facilities with residents housed in detached buildings or units, must have at least one (1) staff present, and available in each building or unit when residents are present in the building or unit. The facility must also assure that each building or unit complies with the requirements for on-duty staff during resident sleeping hours in accordance with the facility's licensed bed capacity as provided in Subsections 600.01 and 600.02 of these rules. The Licensing and Survey Agency will consider a variance based on the facility's written submitted plan of operation.			
04.	Facilities that have entered into a Mental Health Bed contract with the Department must be staffed with at least one (1) staff up and awake at night to assure the safety of all residents.			
05.	The administrator must provide supervision for all personnel to include contract personnel. Staff who have not completed the orientation training requirements must work under the supervision of a staff who has completed the orientation training.			
06.	The facility will employ and the administrator will schedule sufficient personnel to:			
a.	Provide care, during all hours, required in each resident's Negotiated Service Agreement, to assure residents' health, safety, comfort, and supervision, and to assure the interior and exterior of the facility is maintained in a safe and clean manner; and			
b.	To provide for at least one (1) direct care staff with certification in first aid and cardio-pulmonary resuscitation (CPR) in the facility at all times. Facilities with multiple buildings or units will have at least one (1) direct care staff with certification in first aid and CPR in each building or each unit at all times.			